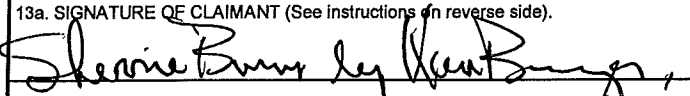
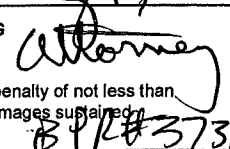


<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  U.S. Marshals Service c/o Janice Tate, Office of General Counsel Building CS-4, Suite 1000, 2604 Jefferson Davis Highway Alexandria, Virginia 22301-1025			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Estate of Matthew J. Burns, By Personal Representative and Surviving Heir, Sherrie Burns		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH 01/12/1989	5. MARITAL STATUS Single	6. DATE AND DAY OF ACCIDENT 09/16/2012                      Sunday	7. TIME (A.M. OR P.M.) 4:30 p.m.	
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  See Attachment					
<b>9. PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  Not Applicable					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Not Applicable					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  See Attachment					
<b>11. WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
See Attachment		See Attachment			
<b>12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)</b>					
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).		
0.00	400,000.00	10,000,000	10,400,000		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).   CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM		13b. PHONE NUMBER OF PERSON SIGNING FORM 615-893-8933		14. DATE OF SIGNATURE 7-25-14	
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729). 		CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)			

## **ATTACHMENT TO CLAIM FOR DAMAGE, INJURY, OR DEATH**

**8. Basis of Claim** (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof).

A. On September 16, 2012, decedent Matthew Burns was taken into custody by agents of the United States Government, the United States Marshals Service, and thereafter entrusted (pursuant to an existing contract) for detention at the Robertson County, Tennessee Detention Facility, operated and controlled by the Robertson County Sheriff's Department.

B. Matthew J. Burns (hereinafter "decedent") was known to having exhibited serious mental health problems in the past, including a prior apparent suicide attempt. That fact was disclosed to the U.S. Marshals Service at the time the decedent was taken into custody, and was repeatedly emphasized by concerned family members who voiced repeatedly the need for the decedent to be carefully evaluated by proper medical personnel, and properly monitored during his incarceration.

C. At the time the U.S. Marshals Service placed the decedent in the hands and control of the Robertson County Detention Facility (RCDF), it was known by the employees of the Marshals Service that RCDF was not equipped to provide for a proper evaluation or treatment of the decedent's mental health issues. That knowledge, in addition to information from decedent's family, was predicated upon a detailed report by the Civil Rights Division of the United States Department of Justice nearly one year earlier, August 26, 2011 (copy attached hereto) which clearly and unconditionally labeled RCDF as constitutionally inadequate for screening and treating inmates with mental health disorders, and warning of the impending likelihood of a suicide in the event intervening corrective steps are not properly effected to remove the deficiencies.

D. Despite the detailed warnings and admonitions contained in the report by the Department of Justice, the United States Marshals Service continued to route federal custody inmates to RCDF for temporary detention, taking no steps to determine whether RCDF and Robertson County, Tennessee officials, had in any manner taken steps to improve what is described as unconstitutional conditions which are likely or with probability would lead to an eventual suicide at the jail. Attached as Exhibit "B" to the claim is a copy of the "Settlement Agreement" and the pleadings initiated by the United States of America against Robertson County, Tennessee in post-incident litigation which confirms and reinforces the awareness of the United States Marshals Service of the constitutional deficiencies at RCDF prior to the suicide of Matthew Burns. On September 16, 2012, shortly after the decedent was delivered to RCDF by the United States Marshals, Matthew Burns committed suicide by hanging. The decedent had been provided nothing which would resemble adequate pre-incarceration screening, despite the family warnings and the decedent's medical history, which included the taking of medications (noted on the intake chart) which produced side effects that include increased suicide risks, particularly when taken in combination with the two prescribed drugs.

E. Deposition testimony in a related wrongful death/reckless indifference suit filed against Robertson County, Tennessee by the family of the decedent, reveals that the nursing staff

at RCDF was not provided (according to their assertion) the appropriate documents which were in the possession of the United States Marshals Service, which could have assisted in raising their heightened alertness regarding the decedent's suicidal propensities.

**10. Personal Injury/Wrongful Death (State the nature and extent of each injury or cause of death, which forms the basis of the claim. If other than Claimant, state the name of the injured person or decedent).**

The claim is presented by Sherrie Burns, nature mother, surviving heir, and personal legal representative of the estate of the decedent, Matthew J. Burns (see attached Probate Order). The assertion is that the United States Marshals Service acted negligently and with gross recklessness in patent disregard of the known and published findings of the United States Department of Justice, Civil Rights Division, which left no doubt that the Marshals Service was delivering an individual with known psychiatric propensities, taking prescribed medications which enhanced those propensities, to a facility which was absolutely ill-equipped to screen, evaluate, or provide treatment for a mentally disturbed individual. The present claim is that, as the direct, proximate, and foreseeable result of the negligent and grossly reckless conduct of the agents of the United States Marshals Service, Matthew J. Burns died as a result of suicide.

**11. Witnesses (Name and address).**

- (a) Sherrie Burns, mother of the decedent and executrix of the estate;
- (b) Denny W. King, U.S. Marshal;
- (c) Joseph Johnson, Chief of Prisoner Operations, United States Marshals Service;
- (d) Tiffani Eason, Assistant Chief, Office of Contracts and Agreements, Prisoner Operations division, United States Marshals Service;
- (e) Stephen Jeremy Williams, decedent's brother-in-law;
- (f) Emily Renee Williams, decedent's sister;
- (g) Dr. Raju Indukura, a psychiatrist who previously treated the decedent;
- (h) Mike Holly, Office of the Federal Public Defender, Nashville;
- (i) Dr. Sally Ann Cunningham Johnson (expert witness), Forensic Psychiatry and Consultation, University of North Carolina, Department of Psychiatry, CB No. 7167, Chapel Hill, North Carolina 27599.

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7013 2250 0000 0522 E702

Postage \$	3.08
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$9.08

Sent To U.S. Marshals Serv. C/o Ms. Janice Tate  
Office of General Counsel  
Street, Apt. No.; Bldg CS-4, Suite 1000  
or PO Box No.  
City, State, ZIP+4  
Alexandria, VA 22301-1025

Postmark Here  
 JUL 25 2014  
 Reeves-Sain CPU

See Reverse for Instructions  
 PS Form 3800, August 2006

<b>SENDER: COMPLETE THIS SECTION</b> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: <u>U.S. Marshals Service</u> <u>c/o Ms. Janice Tate</u> <u>Office of General Counsel</u> <u>Bldg CS-4, Suite 1000</u> <u>2604 Jefferson Davis Hwy.</u> <u>Alexandria, VA 22301-1025</u>		<b>COMPLETE THIS SECTION ON DELIVERY</b> A. Signature <u>[Signature]</u> <input type="checkbox"/> Agent B. Received by (Printed Name) <u>J. Tate</u> <input type="checkbox"/> Addressee C. Date of Delivery <u>7-29-2014</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below:	
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) PS Form 3811, July 2013		Domestic Return Receipt 7013 2250 0000 9335 3090	